

The special attention of Physicians is especially invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98912 Office of Registrar of Vital Statistics. Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 30 1887

D

CERTIFICATE OF DEATH.

Date of Death,

March 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Charles Heimolt

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age, / Years,

8 Months,

44 Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Occupation,

Bald City

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Since birth

Duration of Residence in the City of Baltimore,

Clear Castle street

Place of Death, { Give Street and Number.

Breunonia

Cause of Death, { First (Primary),

Asthma

Second (Immediate),

Duration of Last Sickness,

6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 30 1887

Undertaker, John Henault M. D.

Place of Business, 2008 Orleans Street

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department City of Baltimore.

Permit No. 98913

Office of Registrar of Vital Statistics. Ward 172

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, March 24th 1887Full Name of Deceased, Walter E. Wright { Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, 10 Months, — Days.Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, ResidenceBirth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Ind - Residence 1217 Battery Ave.Duration of Residence in the City of Baltimore, LifetimePlace of Death, { Give Street and Number. } Accidentally drowned off Ellicott Wharf at foot of West StCause of Death, { First (Primary), Drowning Second (Immediate), Asphyxia }Duration of Last Sickness, Body recovered March 29th

All the above information should be furnished by the Physician.

Place of Burial, Mount OlivetDate of Burial, March 21 1887 Frank J. Flanary M. D.{ Undertaker, Bernard Hale Coroner Medical Attendant{ Place of Business, 165 West St Address, 1701 St. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

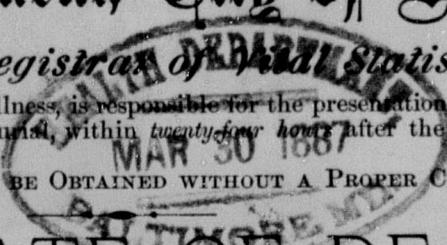
Health Department, City of Baltimore.

Permit No. 98914 Office of Registrar of Vital Statistics.

Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Francis Blattnerberger

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, 8 Months, 15 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Baltor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltor

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1903 Hanover St

Cause of Death, { First (Primary), Meningitis
Second (Immediate), Hydrocephalus }

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, Mar 31

{ Undertaker, B. Marshall } John Gombel M. D.

{ Place of Business, 115 West St } Address, 610 S. Shay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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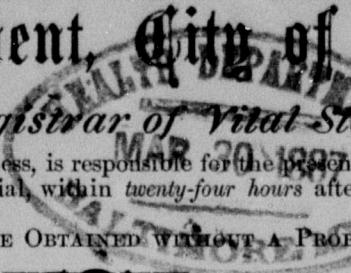
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98915 Office of Registrar of Vital Statistics. Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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54
B

CERTIFICATE OF DEATH.

Date of Death,

March 29-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Barthold

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 79 Years, 1 Months, 13 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. }

904 Kingshigh St
Pensomia

Cause of Death, { First (Primary),
Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 31st

Undertaker, George Schilling

D. W. Gathue

M. D.

Medical Attendant.

Place of Business, Ashland Agency

Address, 4 M. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. **98916**

Office of Registrar of Vital Statistics.

Ward **3**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, **29th March 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **William L. Gardner**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **76** Years, _____ Months, _____ Days

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **Plumber**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Ireland**

Duration of Residence in the City of Baltimore, **21 Years**

Place of Death, { Give Street and Number. } **1639 E. Pratt St.**

Cause of Death, { First (Primary), **General decay**. Second (Immediate), **Heart failure** }

Duration of Last Sickness, **about 3 months**

All the above information should be furnished by the Physician.

Place of Burial, **Green Mt Cemetery**

Date of Burial, **March 31st 1887**

Undertaker, **Denny & Mitchell**

E. P. Brown

M. D.

Medical Attendant.

Place of Business, **208 S Broadway** Address, **1835 E. Baltimore St.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

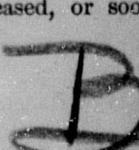
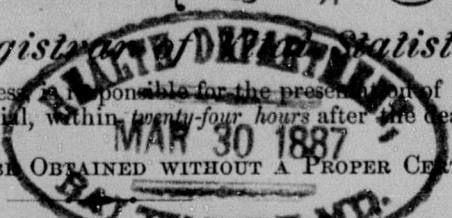
Permit No. 98917

Office of Registration of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 28, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellinora Cunningham

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1606 John St.

Cause of Death, { First (Primary), } Pneumonia Chronic { Second (Immediate), }

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Fair Mt Cemetery

Date of Burial, March 31st 1887

Undertaker, Henry & Mitchell

Place of Business, 2085 Broadway Address, Charles & Centre Sts.

Dr. Smith

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98918 Office of Registrar of Vital Statistics. Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday March 29th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles O. V. Muntell

Sex, Male or Female, { Cross out the word not required in this line. } Male Muntell

Age, 37 Years, — Months, — Days.

Color, Cold

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Chiropractor

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } 516 St Paul St

Cause of Death, { First (Primary), } Tuberculosis { Second (Immediate), } Tubercular Pneumonia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 31, 1887

Undertaker, Alex Heemsley

Place of Business, 161 Orchard St

Elmer M. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over]

Health Department of Baltimore.

Permit No. 98919

Office of Registrar of Vital Statistics.

Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 30 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Wm. Butler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 50

Years,

Months,

Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Harford Co.

Duration of Residence in the City of Baltimore,

30 years

Place of Death, { Give Street and Number. }

11 Clarke Court.

Cause of Death, { First (Primary),
Second (Immediate), }

Pneumonia

Duration of Last Sickness,

10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, March 30 1887

Undertaker, Geo. Richalt

H. Warfield

M. D.

Medical Attendant.

Place of Business, Health Office

Address, Balt. San. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

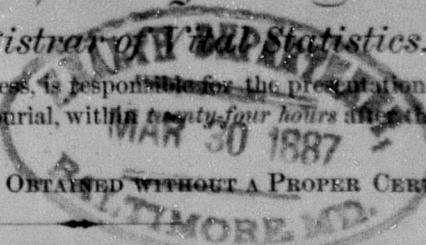
Permit No. 98920

Office of Registrar of Vital Statistics.

Ward 12th

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No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Mar. 28th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bridget Dugan

Sex, Male or Female, { Cross out the word not required in this line. }

Dugan

Age, 67

Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Ireland

Birthplace, { State or country, and how long in the United States, if of foreign birth. }

Don't Know

Duration of Residence in the City of Baltimore,

199 John st.

Place of Death, { Give street and number. }

Acute Hepatitis

Cause of death, { First, (Primary), }

Baltimore

Second, (Immediate),

Two weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnue Brae Cemetery

Date of Burial, Mar 31, 1887

Undertaker, Chas. A. Raymond,

Place of Business, * 334 N. Charles st.

Mr. Brooke Boyle, M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98921 Office of Registrar of Vital Statistics. Ward 62

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

March 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sarah Stewart

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 35 Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, { Give Street and Number. }

2104 E Baltimore St

Cause of Death, { First (Primary),
Second (Immediate), }

Rheumatism & Asthma
about 4 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Brooklyn et al

Date of Burial, March 31st 1887

{ Undertaker, Denny & Mitchell }

D W Cather M. D.

Medical Attendant.

{ Place of Business, 208 S Broadway }

Address, 411 Broadway

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[OVER.]

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